

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027398

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3672

FILED JUL 30 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

554W

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. MARY'S

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

JACKSON

admission)

c. CITY

OR

TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

310 EAST 34TH ST.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

George

BRADLEY

WHEELER

4. DATE OF DEATH

Month

Day

Year

July

12

1962

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒Never Married ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Widowed ☐Divorced ☐

2-22-1900

62 YEARS

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRINTER

10b. KIND OF BUSINESS OR INDUSTRY

SELF EMPLOYED

11. BIRTHPLACE (City and state or country)

PEORIA, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edmond Wheeler

13b. MOTHER'S MAIDEN NAME

Belle Butts

14. NAME OF HUSBAND OR WIFE

MRS. VIDA I. WHEELER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

W.W.I.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. VIDA I. WHEELER 310 EAST 34TH ST.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malignant Lymphoma of abd

INTERVAL BETWEEN ONSET AND DEATH

18 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Streptococcal Peritonitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-21-48 to 7-12-62 and last saw him alive on 7-11-62

Death occurred at 8:35 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hubert M. Parker M.D.

22b. ADDRESS

928 Argyle Bldg

22c. DATE SIGNED

7-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-14-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Muehlebach 6800 Troost

25. DATE RECD. BY LOCAL REG.

7-13-62

26. REGISTRAR'S SIGNATURE

Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

Hubert M. Parker MEDICAL CERTIFICATION

Dr. Parker
room 928 ARGLEY BLDG.
VI. 2-3233
1-5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 4421

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.